

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/531668

FILING NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.			1					
TOTAL DEP.			19					
TOTAL CLAIMS			20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
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